BlueCross Westgarth

Performance Report

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**Commission ID:** 3835

**Provider name:** Blue Cross Community Care Services (Toorak) Pty Ltd

**Assessment Contact - Site date:** 29 October 2020

**Date of Performance Report:** 30 November 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Non-compliance notice dated 4 September 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is not given an overall compliance finding as not all requirements in the Standard were assessed at this assessment contact.

Refer below for individual requirements assessed and the corresponding compliance finding.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and representatives expressed satisfaction that consumers are treated with respect and valued as individuals. Staff were observed to treat consumers with respect and understood their individual choices and preferences. Consumers’ care planning documents include information about their individual preferences and the people important to them.

Deficits in care which occurred during the COVID-19 outbreak at the service, which resulted in some consumers receiving undignified or disrespectful care have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

Consumers and representatives sampled expressed satisfaction with the consumer’s ability to make choices and express their preferences for care and service delivery. They were also satisfied with the service allowing exceptional and compassionate visiting for family members / representatives to support the consumers. However, ongoing visitor restrictions are a concern for sampled consumers and representatives, who confirmed the service has communicated the steps to relax visitor restrictions as per the organisation’s plan.

Deficits in choices about how care was delivered which occurred during the COVID-19 outbreak at the service have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

During the COVID-19 outbreak the service appointed dedicated ‘Communication’ staff members. These staff were providing daily telephone calls to update representatives on their consumer’s condition and general wellbeing. Any clinical concerns or complaints were passed onto clinical staff or management to follow up.

Communication concerns or barriers are no longer evident. Consumers and representatives are satisfied with current communication levels.

Based on the evidence summarised above the service complies with this requirement.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is not given an overall compliance finding as not all requirements in the Standard were assessed at this assessment contact.

Refer below for individual requirements assessed and the corresponding compliance finding.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The service’s initial assessment and care planning process includes assessment of risks such as falls, skin integrity, nutrition and pain assessment. Assessments are also found to be regularly updated and reviewed. Representatives were overall satisfied with the care planning and have received regular communication on their consumer’s health and well-being. Staff are aware of assessment and care planning processes and understand the care needs of individual consumers.

Deficits in assessment and care planning which impacted the service’s ability to respond effectively to the spread of COVID-19 between consumers have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

A sample of consumers’ care planning documents reflects regular review. Care plans and assessment reviews are undertaken and updated when circumstances change or when incidents occur. Personal care conferences are conducted monthly and nursing staff conduct a ‘resident of the day’ review four monthly.

Consumers who were hospitalised during the COVID-19 outbreak had reassessments undertaken on their return to the service.

Deficits in the effectiveness of care and service reviews which occurred during the COVID-19 outbreak at the service have been resolved.

Based on the evidence summarised above the service complies with this requirement.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is not given an overall compliance finding as not all requirements in the Standard were assessed at this assessment contact.

Refer below for individual requirements assessed and the corresponding compliance finding.

**Assessment of Standard 3 Requirements**

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

At the time of the COVID-19 outbreak a failure by the service to implement an effective outbreak response in a timely manner contributed to a number of consumers being hospitalised. Six consumers died during the time of the outbreak. The failure to deliver effective care during the outbreak impacted on the immediate well-being of consumers. Best practice care, in particular in regard to infection control did not occur.

Failures to deliver tailored care and to optimise the health and well-being of consumers have now been mitigated.

Care planning documents reflect care is individualised to ensure each consumer receives care that optimises their wellbeing and is tailored to their needs. Clinical interventions are based in best practice including for skin integrity, pain management and minimising restraint. Staff are knowledgeable about each consumer and the care they require to optimise their health and wellbeing.

Representatives’ feedback included satisfaction that the consumers are cared for and staff are responsive to any changes in a consumer’s health.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Care planning documents reflect consumers at risk receive care and are reviewed by health care professionals when incidents occur. Staff are aware of the risks associated with individual consumer’s care and monitoring processes are in place.

Risks reviewed included falls, specialised clinical care and weight management. The Assessment Team found risks were managed promptly and appropriately. Trending of incidents leads to individual review and further staff training as required.

Deficits in the management of risks which contributed to a failure to contain a COVID-19 outbreak at the home are no longer evident.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team competed an infection control monitoring checklist at the service and found infection prevention controls to be in place. Areas of deficits in infection control have been addressed.

During the COVID-19 outbreak at the service, six consumer deaths occurred, and 18 staff were impacted.

The service took on the advice / directions of the Department of Health and others in the management of the outbreak.

The Assessment Team found the service’s outbreak management plan has been reviewed and information is sufficient to guide the service in minimising the spread of infection between consumers in the event of a further COVID-19 outbreak.

Antibiotic prescribing practices are contemporary.

Based on the evidence summarised above the service complies with this requirement.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is not given an overall compliance finding as not all requirements in the Standard were assessed at this assessment contact.

Refer below for individual requirements assessed and the corresponding compliance finding.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The service has reviewed its system to manage high impact or high prevalence risks associated with the care of consumers, specifically infection control. Policies and procedures were provided for review and management could provide examples of their how they apply in day to day practice and how they are reviewed. The organisation has a documented risk management framework.

The governing body was supported in leading the organisation’s response to the COVID-19 outbreak by the Australian Medical Assistance Team, the Department of Health and Human Services and an external clinical consultant.

The governing body has incorporated learnings from the COVID-19 outbreak into its risk management framework.

Deficits evident in governance of risk have been resolved.

Based on the evidence summarised above the service complies with this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The service has contributed to the review of the organisation’s antimicrobial stewardship policy following the experience of the COVID-19 outbreak.

The governing body has oversight of the medical review of the use of psychotropic medication prescribed for consumers within the service and has a restraint minimisation approach.

The residence manager stated education on open disclosure was attended prior to the COVID-19 outbreak. Further education offered to staff who were involved in the communication of sensitive information about COVID-19 infected consumers.

The communication with representatives during the COVID-19 outbreak required open and honest dialog when discussing the care and treatment and outcomes for consumers infected with COVID-19.

Deficits in the clinical governance framework evident during the COVID-19 outbreak at the service have been resolved.

Based on the evidence summarised above the service complies with this requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.